MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07345

Reg. Dist. No. 582

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Leonardtown
LENGTH OF STAY (in this place) 56 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D. # 2
STREET ADDRESS (If rural, give location) Leonardtown

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Gertrude (Last) Abell

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mch 12-1872

9. AGE last birthday 79 yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Zachary Taylor Mattingley

14. MOTHER'S MAIDEN NAME Eliza Thompson Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr Clyde Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senile Gangrene of foot	6 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	2½ yrs
	(c)	

352X

83d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to July 13, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 7.15 A.M., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 16-51

NAME OF CEMETERY OR CREMATORY Cedar Hill cemetery

LOCATION (City, town, or county) Suitland Prince George (State) Md

DATE REC'D BY LOCAL REG. 7/13/51

REGISTRAR'S SIGNATURE Camalier

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07346

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood; LENGTH OF STAY (In this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood; STREET ADDRESS (If rural, give location) Rural R 7 D # 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) — (Last) Dawson

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 6 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months 3 Days 22 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dean H. Dawson

14. MOTHER'S MAIDEN NAME: Margaret Pereell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. John W. Dawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	Several years
420.0 932	(c) Generalized Arteriosclerosis	Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1940., to 7/24, 1951., that I last saw the deceased alive on 6/12, 1951., and that death occurred at 6.00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert T. Fuchs. M.D. Leonardtown, Md. 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 27-1951 — NAME OF CEMETERY OR CREMATORY Ebenezer — LOCATION (City, town, or county) (State) California St Marys Md

DATE REC'D BY LOCAL REG. 7/25/51 — REGISTRAR'S SIGNATURE Cancelled — 24. FUNERAL DIRECTOR — ADDRESS

Jos C. Mattingly Leonardtown Md

RECEIVED
JUL 27 1951
BUREAU V. S.

07347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Maguire (Last) Drury
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 15 1901
9. AGE last birthday 50 yrs. If under 1 year Months 1 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Drury
14. MOTHER'S MAIDEN NAME Mary Lucey Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harry Drury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Cerebral hemmorrhage	4 day
203X	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Myeloma	5 years
55e		(c) Brain Metastasis	6 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to July 28 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 7.20 A.m., from the causes and on the date stated above.

SIGNATURE: Wm D Boyd (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 7/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30-1951
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 7/30/51
REGISTRAR'S SIGNATURE Camalier
34. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1951
BUREAU V. S.

07348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural # 1
STREET ADDRESS (If rural, give location) Leonardtown

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Elizabeth (Last) Evans

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 14 1917
9. AGE last birthday 33 yrs. If under 1 year Months 10 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live at home with her mother
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard Evans
14. MOTHER'S MAIDEN NAME Annie Heard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Annie Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	6 years
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
13b	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 7.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD
ADDRESS Great Mills Md
DATE SIGNED July 30/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 31-1951
NAME OF CEMETERY OR CREMATORY Owen Ladies
LOCATION (City, town, or county) Medley Neck (State) Md

DATE REC'D BY LOCAL REG. July 30/51
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1951
BUREAU V. S.

Items 8 & 9. See Film G135 8/8/51 JT

06273

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dameron
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C.
STREET ADDRESS (If rural, give location) 2903 King Place N.E.

3. NAME OF DECEASED (Type or Print) (First) Lynda (Middle) Jane (Last) Fowler
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mch 11 1929
9. AGE last birthday 21 yrs. If under 1 year Months 4 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Super
11. BIRTHPLACE (State or foreign country) Washington D C
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lynford Haynes
14. MOTHER'S MAIDEN NAME Della, Tupper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William Saxton Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Accidental drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) St Jerome Creek (CITY OR TOWN) Near Dameron (COUNTY) St Mary (STATE) Md
TIME OF INJURY (Month) July (Day) 22, (Year) 1951 (Hour) 20 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? While running from a boat was taken with cramps in legs & abdomen

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) P J Bean Md
ADDRESS Great Mills Md
DATE SIGNED July 23/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF July 26 1951
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince George Co (State) Md
DATE REC'D BY LOCAL REG. July 20/51
REGISTRAR'S SIGNATURE P J Bean Md Local registrar
24. FUNERAL DIRECTOR S. H. Hines Co
ADDRESS 2901-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07349

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Harrison (Middle) P (Last) Graves

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb 25 1886
9. AGE last birthday 65 yrs. If under 1 Months 7 1 year Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wrangleman at store
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Graves
14. MOTHER'S MAIDEN NAME Mollie Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Miss Rose Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation of Heart

591X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis & contraction of aortic valves

132 (c) Tubular nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1951, to July 3, 1951, that I last saw the deceased alive on July 2nd, 1951, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Francis F. Greenwell Leonardtown Leonardtown St Marys Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 5 1951
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 7/4/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the ... uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A12

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; MARYLAND LENGTH OF STAY (in this place) 4 1/2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Madeleine (Last) Guy

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 4 1890

9. AGE last birthday: 61 yrs. | If under 1 year: Months 15 | Days 8 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Teller

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. Harrison Canalia

14. MOTHER'S MAIDEN NAME: Ellen Rebecca Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 520-09-9714

17. INFORMANT AND ADDRESS: Frank Guy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: 5 days

330X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

SIGNATURE: Frank A. Canalia (Degree or title) MD ADDRESS Leonardtown, Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 14 1951

NAME OF CEMETERY OR CREMATORY: St Aloysius

LOCATION (City, town, or county) (State): Leonardtown St Marys Md

DATE REC'D BY LOCAL REG. 7/13/51

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Jos C. Mattingly ADDRESS Leonardtown Md

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonard Town — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina — COUNTY Dare
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beatrice (Middle) Williams (Last) Hooper

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1951

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced — 8. DATE OF BIRTH: 4-8-1928 — 9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): North Carolina — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Williams — 14. MOTHER'S MAIDEN NAME: Tanta O'Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT: Carson M. Hooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage (left frontal lobe) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑, No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. F. Bean MD — (Degree or title) — ADDRESS: Great Mills Md — DATE SIGNED: July 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-25-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Manteo - North Carolina

DATE REC'D BY LOCAL REG.: July 23/51 — REGISTRAR'S SIGNATURE: J. F. Bean MD, Local Registrar

24. FUNERAL DIRECTOR: P. B. Robinson - Leonard Co. — ADDRESS: Va, Md

VS-A15A

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leonardtown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville PO Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Andrew (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Nov 5 1871

9. AGE last birthday 79 yrs. — If under 1 year: Months 8, Days 1 — If under 24 Hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland St Marys Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hillary Johnson

14. MOTHER'S MAIDEN NAME Marcia Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT J. Norma Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation of Heart, Chronic

433.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

95a (c) Hemiplegia in 1931

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to July 6, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis P Greenwell — ADDRESS Leonardtown Md — DATE SIGNED July 7 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	24. FUNERAL DIRECTOR ADDRESS
Burial	July 9 1951	St Joseph Cemetery	Morganza St Marys Md	Jos C. Mattingley Leonardtown Maryland

DATE REC'D BY LOCAL REG. July 7/51 — REGISTRAR'S SIGNATURE

RECEIVED
JUL 11 1951
BUREAU V. M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: USNAS, PAT. RIVER MD.
LENGTH OF STAY (in this place): 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary USNAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4018 Greenspring Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (None) (Last) Kaminkow
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-11-16
9. AGE last birthday: 34 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) 1943-1946 1950-1951
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: U. S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INJURIES, Multiple, extreme #8651 — INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (In automobile accident at Hollywood, Md.)

170 C (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route #235 (CITY OR TOWN) Hollywood (COUNTY) St. Mary's (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 7 - 2 - 51 645A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that ~~I attended the deceased from~~ ~~that I last saw the deceased~~ ~~[illegible]~~ death occurred at 0705 m., from the causes and on the date stated above.

SIGNATURE: Thenton D. Boaz — (Degree or title) ADDRESS — DATE SIGNED

Thenton D. BOAZ CAPTAIN MC USN U. S. NAVAL AIR STATION, PATUXENT RIVER, MD. 7-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 7-3-51
NAME OF CEMETERY OR CREMATORY: Young Mens Hebrew Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7/3/51
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: [signature] — ADDRESS: Exonerations Md.

VS. A15

RECEIVED
JUL 5 1951
BUREAU U.S.

ITEM 3: Film GL45 8/21/51 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dameron — LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 203 Ascot Place N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	H.	Keelan	July	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Oct 29 1917	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Route Laundry		Clarke Burg West Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis A. Keelan	Emma Bodkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes Army		Mrs J. Donald Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental drowning	
929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
183	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

20. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Potomac Creek	Dameron	St Marys	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
July 22, 1951 2 P.m.		Went overboard to help drowning person

21. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] MD	Great Mills Md	July 23/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26 1951	Arlington National	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23/51	[signature] MD Local Registrar	S.H. Hines Co	2901 — 14th St N.W. Washington DC

VS. A15A

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR INDEXING

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS Pax Riv, Md. — LENGTH OF STAY (in this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary USNAS Pax Riv, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 17 Banks Place

3. NAME OF DECEASED (Type or Print): (First) Darlene (Middle) Joyce (Last) LACEY

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 51

5. SEX: Female

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 14, 1949

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Francis Lacey

14. MOTHER'S MAIDEN NAME: Mildred Rose Ching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningo-encephalitis, organisms unknown — Interval between onset and death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 340.3 81a
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1200 7-2 1951, to 7:22 7-2, 19.51, that I last saw the deceased alive on 7-2, 19.51, and that death occurred at 7:22 p m., from the causes and on the date stated above.

SIGNATURE Thenton D. BOAZ (Degree or title) CAPT MC USN ADDRESS USNAS Patuxent River, Maryland DATE SIGNED 3 July 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 3-1951 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Bush Wood St Mary's Md

DATE REC'D BY LOCAL REG. 7/3/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Jos E. Mattingley — ADDRESS: Leonardtown Md

RECEIVED
JUL 5 1951
BUREAU

Item 9 FilmG133 7/9/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 2½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) William (Last) Miedzinski
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: July 14, 1935
9. AGE last birthday: 15 yrs. — If under 1 year: Months 7 Days 16 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer for father
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph M. Miedzinski
14. MOTHER'S MAIDEN NAME: Mary Eva Copsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Mary Eva Miedzinski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Compound fracture of Skull	1 day
814.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 110 E	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 5 — (CITY OR TOWN) Dahlia — (COUNTY) St. Mary's — (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 30 (Year) 51 (Hour) 10:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Auto hit rail & deceased was thrown out

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
[signature] M.D. — Leitch Park Md. — 7/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 5-1951 — NAME OF CEMETERY OR CREMATORY St Johnson — LOCATION (City, town, or county) Holly Wood — (State) Md
DATE REC'D BY LOCAL REG. 7/3/51 — REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR — ADDRESS Joe C Mattingly Leonardtown Md

VS. A15A

RECEIVED
JUL 5 1951
MUSEAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 4 1/2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Pearl (Last) Nuthall

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 9-1889
9. AGE last birthday 62 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY for self
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Nuthall
14. MOTHER'S MAIDEN NAME Sophia Hammett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Miss Susie Mae Nuthall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1951, to 7/24, 1951, that I last saw the deceased alive on 7/24, 1951, and that death occurred at 11.31 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Camalier M.D. ADDRESS Leonardtown Md DATE SIGNED 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 27 1951
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Maryland

DATE REC'D BY LOCAL REG. 7/25/51
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ridge
LENGTH OF STAY (In this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbury
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) — (Last) Stanley

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-4-1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting

10b. KIND OF BUSINESS OR INDUSTRY: Paint Contractor

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Stanley

14. MOTHER'S MAIDEN NAME: Temperance Worton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Lorraine Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occulsion — Interval between onset and death: ½ hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c) 74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: P J Bean (Degree or title): MD ADDRESS: Great Mills Md DATE SIGNED: July 10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 7-11-51
NAME OF CEMETERY OR CREMATORY: Evergreen, Cem.
LOCATION (City, town, or county) (State): Elizabeth - New Jersey.

DATE REC'D BY LOCAL REG.: July 10/51
REGISTRAR'S SIGNATURE: P J Bean MD
24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

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JUL 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17551

Reg. Dist. No. 252

1. PLACE OF DEATH
COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonard Town
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron [Rural]
STREET ADDRESS (If rural, give location)

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Caroline	Trossback	7 -	11 -	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	7-15-1909	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Maryland	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Norris	Annie Unkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Louis T. Trossback - Dameron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

155X **Immediate cause** (a) Carcinomatosis secondary

46+ **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to carcinoma gall bladder — 1yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 9, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Roy Gaither, MD (Degree or title) ADDRESS Mechanicsville DATE SIGNED 7/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-15-51	St. Michaels Cem.	Tudge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-12-51	Canaliet	(Expiration - Leonardtown, Md.	

VS. A15.

RECEIVED
JUL 17 1951
BUREAU V. S.

07360

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
LENGTH OF STAY (In this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Jo (Last) Waymire

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH June 25-1951

9. AGE last birthday — yrs. If under 1 year: Months 1 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Waymire

14. MOTHER'S MAIDEN NAME Jeanette Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Walter Waymire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhagic pneumonitis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

493X
109

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills, Md DATE SIGNED July 30 1951

23. BURIAL, CREMATION REMOVAL, (Specify) Burial

DATE THEREOF Aug 2-1951

NAME OF CEMETERY OR CREMATORY Pierce Cemetery

LOCATION (City, town, or county) Pierce (State) Indiana

DATE REC'D BY LOCAL REG. July 30/51

REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

20625127340 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 3 1951
BUREAU V. S.

07361

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LeonardTown
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS, Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLand COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) ALOYSIUS (Last) WoodLand
4. DATE OF DEATH (Month) 7- (Day) 21- (Year) 1951
5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 12-17-1926
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) MaryLand
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Francis D. WoodLand
14. MOTHER'S MAIDEN NAME Annie V. Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-30-8835
17. INFORMANT Agnes A. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intra abdominal hemorrhage	1½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gun shot wound in left side of abdomen	1½ hours
	(c)	

981,6
166

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Tavern
(CITY OR TOWN) Leonardtown (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 21, 1951 10.30 PM
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gunshot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED July 22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-24-51
NAME OF CEMETERY OR CREMATORY St. Francis Cem.
LOCATION (City, town, or county) Compton, Md. (State)
DATE REC'D BY LOCAL REG. July 22, 1951
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR C B Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 24 1951
BUREAU V. S